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FORENSIC
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January 30, 2025

Neal I Fowler, Assistant United States Attorney
United States Attorney's Office – Eastern District of North Carolina
310 New Bern Ave, Suite 800
Raleigh, NC 27601-1441

RE: United States v Mindpath
United States District Court for the Eastern District of North Carolina

Dear Mr. Fowler:

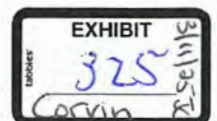
It was a pleasure to have the opportunity to speak with you recently regarding my analysis in the above captioned matter. I'm writing today to follow up on that conversation, and in particular, to summarize the findings and conclusions of my review of relevant documents as provided previously by your office.

As such, I anticipate that this document will satisfy your request for an expert report detailing the scope of my evaluation and resulting forensic opinions as required by the *Federal Rules of Civil Procedure Rule 26(a)(2)(B)-Duty to Disclose: General Provisions Governing Discovery*.

In accordance with the requirements of *Rule 26*, I have attached to this summary a copy of my curriculum vitae which details my educational and professional qualifications as a general and forensic psychiatrist, a list of all cases in which, during the previous four years, I have testified as an expert at trial or by deposition, and my general condition letter which, among other information, outlines my fee schedule for my forensic analysis in this matter and any future testimony by deposition or at trial which may be required. Also, in response to the disclosure rule set forth within *Rule 26*, I have not authored any publications during the previous ten years.

The clinical observations and forensic opinions discussed in this report are based on review of collateral documents as provided previously by your office. The information that has been gathered during the course of this assessment is sufficiently detailed to enable me to offer the opinions summarized herein with a reasonable degree of medical certainty.

Sources of Information: As of the date of this summary, I have completed a review of the following collateral documents as provided by your office:



- 1) A sample of sixty progress notes summarizing outpatient mental health services provided by clinicians at Mindpath Health (billed to Medicare primarily as evaluation and management (E/M) CPT codes 99213 and 99214 as well as current procedural terminology (CPT) code 90833 for add on psychotherapy sessions lasting sixteen to thirty-seven minutes with interactive complexity). Specific progress notes provided include

- a. Patient C.A., date of service May 3, 2019
- b. Patient M.A., date of service November 23, 2019
- c. Patient E.B., date of service October 15, 2019
- d. Patient C.B., date of service August 14, 2019
- e. Patient P.B., date of service May 14, 2020
- f. Patient A.B., date of service December 29, 2020
- g. Patient R.B., date of service November 4, 2019
- h. Patient G.B., date of service February 28, 2020
- i. Patient T.B., date of service December 13, 2018
- j. Patient M.C., date of service May 7, 2019
- k. Patient S.C., date of service May 9, 2018
- l. Patient L.C., date of service February 5, 2019
- m. Patient R.D., date of service January 3, 2018
- n. Patient E.D., date of service July 11, 2019
- o. Patient R.F., date of service September 21, 2012
- p. Patient J.F., date of service February 8, 2018
- q. Patient D.F., date of service August 19, 2020
- r. Patient J.F., date of service December 4, 2019
- s. Patient K.G., date of service June 29, 2020
- t. Patient R.G., date of service July 26, 2018
- u. Patient C.H., date of service November 12, 2018
- v. Patient M.J., date of service May 7, 2019
- w. Patient R.J., date of service December 3, 2018
- x. Patient K.K., date of service October 9, 2019
- y. Patient N.K., date of service June 8, 2018
- z. Patient H.K., date of service January 31, 2018
- aa. Patient R.L., date of service August 24, 2020
- bb. Patient N.L., date of service January 28, 2020
- cc. Patient H.L., date of service August 9, 2018
- dd. Patient M.L., date of service May 19, 2020
- ee. Patient J.M., date of service December 28, 2020
- ff. Patient K.M., date of service December 18, 2020
- gg. Patient C.M., date of service December 7, 2020
- hh. Patient C.M., date of service November 19, 2020

ii.	Patient N.M., date of service July 13, 2020
jj.	Patient T.M., date of service December 20, 2018
kk.	Patient R.M., date of service June 8, 2020
ll.	Patient J.M., date of service August 13, 2020
mm.	Patient G.N., date of service February 27, 2018
nn.	Patient D.N., date of service October 4, 2019
oo.	Patient R.O., date of service April 25, 2019
pp.	Patient C.P., date of service June 15, 2020
qq.	Patient P.P., date of service November 12, 2019
rr.	Patient S.R., date of service November 10, 2020
ss.	Patient D.R., date of service May 14, 2019
tt.	Patient C.R., date of service February 9, 2018
uu.	Patient J.R., date of service August 6, 2020
vv.	Patient M.S., date of service June 26, 2019
ww.	Patient M.S., date of service November 6, 2019
xx.	Patient P.S., date of service September 3, 2020
yy.	Patient L.S., date of service April 23, 2019
zz.	Patient W.S., date of service June 15, 2020
aaa.	Patient J.S., date of service January 24, 2018
bbb.	Patient A.S., date of service May 21, 2018
ccc.	Patient C.T., date of service December 28, 2020
ddd.	Patient L.V., date of service October 23, 2020
eee.	Patient D.W., date of service February 10, 2020
fff.	Patient D.W., date of service October 26, 2020
ggg.	Patient W.W., date of service October 31, 2019
hhh.	Patient L.W., date of service July 31, 2019

I was initially contacted regarding this matter on April 20, 2023 at which time a review of the above listed documents was requested in order to provide an assessment of whether the reviewed medical records supported Medicare claims for CPT code 90833 on those dates of service.

By way of background, CPT code 90833 is an "add on" code for individual psychotherapy services performed in conjunction with separately provided and billed evaluation and management services, such as CPT codes 99213 (office or outpatient visit with an established patient focusing on evaluation and management involving a low level of medical decision-making and/or requiring the provider to spend twenty or more minutes in total on the visit on a single date) and code 99214 (detailing services of moderate complexity provided for an established outpatient).

Add on CPT code 90833 is utilized for the provision of individual psychotherapy, insight oriented, behavior modifying, and/or supportive services lasting sixteen to thirty-seven minutes.

Documentation for both E/M services and psychotherapy must be significant (i.e., contain clinically relevant detail) and separately identifiable. Documentation for psychotherapy add on code 90833 should include exact start and stop times (for purposes of this review, documentation of total time utilized for psychotherapy in lieu of providing the specific time therapy was started and ended was deemed sufficient), the issues that were addressed, interventions/modalities utilized, and progress/response to interventions made during the course of treatment.

My review of the aforementioned medical records was undertaken in the context of these clinical service definitions and documentation requirements. I have utilized a rather generous interpretation of standards in these areas (such as determination of whether significant, clinically relevant detail in documentation is present).

Based on my review of these medical records, comprised of sixty separate progress notes/date of service (fifty nine unique patients) it is my opinion with a reasonable degree of medical certainty that the services provided and documented on twenty-nine of the dates of service reviewed met applicable standards and were sufficient to support the Medicare CPT codes that were submitted for billing purposes (primarily 99213 or 99214 in addition to 90833 as described above).

However, as will be detailed below, thirty-one dates of service failed to support submitted claims for CPT code 90833. I have attached to this summary a chart (without patient identifying information) detailing specific areas of deficiency noted on review of those records. This same information will be reviewed in additional detail below.

For the purposes of this evaluation, observed deficiencies fall primarily in one of twelve areas. As detailed on that chart, these areas include:

1. inadequate time documented for support of services billed,
2. no specific time documented for those services,
3. documentation that the patient was not able to participate or could not benefit from psychotherapy services,
4. documentation that the patient was refusing psychotherapy,
5. failure to list any therapeutic modality/intervention,
6. failure to document any targeted goal or response to interventions employed,
7. absence of documentation of psychotherapeutic services,
8. failure to document provision of services to support submission of billing for evaluation and management code,
9. listing of therapeutic modality not consistent with that documented in progress note,
10. documentation that patient is receiving therapy elsewhere (such that add-on therapy not deemed medically necessary, nor clinically desirable given risk of adverse treatment impact of patient contemporaneously seeing more than one therapist.)

11. documentation that services billed as psychotherapy were educational services, and
12. documentation that the entire duration of the visit was for provision of psychotherapeutic services (thus no time allowed for provision of evaluation and management service).

These areas of deficiency as well as other miscellaneous, unique areas of concern for each of the thirty-one dates of service found to be deficient will be discussed further below.

Documentation of services provided to patient C.A., date of service May 3, 2019, failed to list time for provision of therapeutic services as required, and additionally no therapeutic intervention/modality was documented. It was also noted in that progress note that the patient was "considering therapy" which would appear to preclude billing for therapeutic services.

The progress note reviewed for patient M.A., date of service November 23, 2020, also failed to specify a therapeutic modality/intervention, nor was a goal and response to any utilized intervention detailed. Furthermore, documentation of services billed under CPT code 90833 were viewed as educational as opposed to psychotherapeutic in nature.

Documentation of services provided to patient P.B., date of service May 14, 2020, failed to specify time devoted to psychotherapy. This progress note did not list a goal for psychotherapy, and response to intervention was listed only as "static".

Documentation of services provided to patient R.B. on November 4, 2019 failed to document a therapeutic goal and response, and the description of therapeutic modality was not consistent with documented service (which consisted primarily of a restatement of the patient's symptom description).

Documentation of services provided to patient G.B. on February 28, 2020 failed to list/document time utilized for provision of psychotherapy.

Documentation of services provided to patient T.B. on December 13, 2018 failed to document time utilized for provision of psychotherapy, failed to list a therapeutic modality/intervention, did not document a goal of therapy or response to therapeutic intervention. It was also noted that the patient was receiving therapy elsewhere (note documented "continue treatment with Lara Hart in Garner").

Documentation of services provided to patient M.C. on May 7, 2019 did not document time utilized for provision of psychotherapy, did not document a therapeutic modality/intervention, did not document a goal of therapy or response to intervention, and did not adequately document services provided as required for CPT code 90833. Of note, this progress note documented "recommend cognitive therapy" stating further that the patient planned to start therapy at Perkins Counseling Center.

Documentation of services provided to patient S.C. on May 9, 2018 did not list a goal for psychotherapy nor a response to intervention, did not provide sufficient documentation of an evaluation and management service as required to support an add on CPT code, and therapeutic modality was not consistent with service documented. Given that there was insufficient support for the billed E/M code (99213) it was not possible to support billing of an add on psychotherapy code.

Documentation of therapeutic modality utilized with patient L.C. on February 5, 2019 was viewed as inconsistent with service as documented for psychotherapy.

Documentation of services provided to patient R.D. on January 3, 2018 did not list a therapeutic modality nor was a goal of therapy detailed. Response to therapeutic intervention was listed only as "static" and it was documented that the patient was preparing to start a grief counseling group.

Documentation of services provided to patient R.F. on September 21, 2020 documented the patient as not able to participate in or benefit from psychotherapeutic services. Furthermore, documentation appeared to suggest that the patient did not actively or primarily participate in psychotherapeutic services. As such, the therapeutic modality indicated was not viewed as consistent with documented services. As detailed in that progress note, minimal history was obtained from the patient, and the primary historian/point of contact during that telemedicine visit was the wife of the patient.

Documentation of services provided to patient J.F. on February 8, 2018 did not list a duration of time utilized for psychotherapy nor was documentation of services provided for add on psychotherapy CPT code 90833 present.

Documentation of services provided to patient J.G. on December 4, 2019 documented the patient as refusing psychotherapy. While documenting that he was declining therapy, there was documentation of mindfulness therapy being discussed.

Documentation of services provided to patient R.G. on July 26, 2018 did not support provision of an evaluation and management service necessary to support an add on psychotherapy code. Similarly, therapeutic modality discussed did not appear consistent with service as documented. Additionally, response to psychotherapy was listed simply as "static".

Documentation of services provided to patient R.J. on December 3, 2018 did not list a therapeutic goal or a response to therapy, services documented were viewed as educational as opposed to psychotherapeutic, and response to therapy was listed simply as "static".

Documentation of services provided to patient K.K. on October 9, 2019 revealed that no evaluation and management service was submitted or documented. Furthermore, additional documentation was viewed as educational in nature as opposed to psychotherapeutic.

Documentation of services provided to patient N.K. on June 8, 2018 failed to support provision of an evaluation and management service necessary to support an add on psychotherapy code, furthermore, therapeutic modality documentation was not consistent with documented service. Of note, the entire psychotherapy note read as follows, "maintenance therapy/relaxation therapy".

Documentation of services provided to patient H.K. on January 31, 2018 did not list a time for provision of psychotherapeutic services, nor was documentation for a CPT code 90833 present (i.e., there was no documentation for add on psychotherapy).

Documentation of services provided to patient R.L. on August 24, 2020 noted that the patient was receiving psychotherapy from another provider, documenting "continue therapy with C. Peoples."

Review of documentation of services provided to patient M.L. on May 19, 2020 revealed that therapeutic modality utilized was not consistent with services as documented. Documentation of psychotherapy was viewed as psychoeducational as opposed to psychotherapeutic in nature (discussion regarding sleep hygiene and issues surrounding driving).

Documentation of services provided to patient C.M. on December 7, 2020 did not adequately describe therapeutic intervention nor how a response to psychotherapeutic intervention was determined. More specifically, while documentation of add on therapy did document sufficient time, target symptoms, a goal for treatment, and a modality (supportive therapy) response was listed simply as "positive" with no explanation as to how that was determined or in what way the therapeutic response was "positive" given that targeted symptoms were broadly described as "panic attacks, anxiety, depression, PTSD, and ADHD."

Documentation of services provided to patient C.M. on November 19, 2020 did not support provision of an evaluation and management service necessary to utilize an add on psychotherapy code. More specifically, this progress note documents the entire duration of that appointment as utilized for provision of psychotherapy services, leaving zero minutes for provision of evaluation and management services. While E/M services are not time based in this context, it perhaps goes without saying that if documented accurately, zero minutes is inadequate to provide any of the services defining the E/M code billed on that date of service (99214).

Documentation of services provided to patient N.M. on July 13, 2020 did not document a goal or psychotherapeutic intervention nor a response to intervention utilized.

Documentation of services provided to patient T.M. on December 20, 2018 did not list a time utilized for provision of psychotherapy nor was there documentation of services provided for add on psychotherapy.

Documentation of services provided to patient G.N. on February 27, 2018 did not list a time utilized for provision of psychotherapy, did not document provision of services consistent with CPT code 90833, nor was the evaluation and management service billed sufficient in that no chief complaint addressed during that date of service was provided.

Documentation of services provided to R.O. on April 25, 2019 failed to list a goal of psychotherapy or a response to psychotherapeutic intervention. Also as documented, one minute was dedicated to provision of the billed evaluation and management service (99214). Again, while that CPT code is not time based in this context, this division of time as documented casts considerable doubt on the provider's ability to provide adequate E/M services during a one-minute interval.

Documentation of services provided to patient C.P. on June 15, 2020 did not list a goal of psychotherapy nor a response to therapeutic intervention. Similarly, the therapeutic modality indicated was not consistent with documented service. Of note, this progress note also documented that the patient had the "option of brief talk therapy if needed" suggesting that he was not then considered to be receiving psychotherapy or "brief talk therapy".

Documentation of services provided to patient D.R. on May 14, 2019 did not document time utilized for provision of psychotherapy nor was any documentation for add on psychotherapy services provided.

Documentation of services provided to patient M.S. on November 6, 2019 failed to document the time utilized for psychotherapy as required.

Documentation of services provided to patient W.S. on June 15, 2020 revealed the content of services provided to be educational as opposed to psychotherapeutic. Furthermore, as documented, the entire duration of the visit was utilized for psychotherapeutic services, leaving no time for provision of evaluation and management services.

Documentation of services provided to patient A.S. on May 21, 2018 documented inadequate time for support of psychotherapeutic services billed (15 minutes documented, minimum required 16 minutes). This progress note also failed to provide significant (clinically meaningful) documentation of therapeutic services rendered, stating, in its entirety, "Interventions: maintenance therapy – issues/content – discussed stressors. Validated feelings. – Response:static."

United States v Mindpath

United States District Court for the Eastern District of North Carolina

January 30, 2025

Page 9

As noted earlier, the remaining twenty-nine dates of service reviewed appeared, in the opinion of the undersigned, to adequately document services sufficient for submission of the evaluation and management and add on psychotherapy codes submitted.

Thank you again for allowing me the opportunity to provide you with a psychiatric review of relevant medical records in this matter. Please feel free to contact me if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "George P. Corvin". The signature is fluid and cursive, with a large initial "G" and a long, sweeping underline.

George P. Corvin, MD, DLFAPA
General & Forensic Psychiatry

Name	DOS	1	2	3	4	5	6	7	8	9	10	11	12	13
CA	5/3/2019	X				X								states pt "considering therapy"
MA	11/23/2020				X	X					X			
PB	5/14/2020	X				X								response "static"
RB	11/4/2019				X									documentation primarily restatement of pt sx report
GB	2/28/2020	X												
TB	12/13/2018	X			X	X					X			"Continue Treatment with Lara Harp in Garner"
MC	5/7/2019	X			X	X	X							docs "rec cognitive tx", Plans to start at Perkins Couns Ctr
SC	5/9/2018				X									99213 not met, unable to bill add-on tx code
LC	2/5/2019													
RD	1/3/2018				X	X								notes: to start grief couns. Group, response "static"
RF	9/21/2020			X							X			minimal hx per pt, primary com (telemed) via wife of pt
JF	2/8/2018	X					X							no documentation for add-on tx
JG	12/4/2019				X									states pt declines therapy, but docs mindfulness tx
RG	7/26/2018									X	X			response "static"
RJ	12/3/2018					X						X		response "static"
KK	10/9/2019									X		X		no E/M billed/documented
NK	6/8/2018									X	X			entire note = "maintenance therapy/relaxation therapy /"
HK	1/31/2018									X				no documentation for add-on tx
RL	8/24/2020										X			note docs "cont. therapy with C. Peoples" (different provider)
ML	5/19/2020									X	X			Psychoeducation re: sleep hygiene/driving issues
CM	12/7/2020										X			no desc. of tx, or how response determined
CM	11/19/2020									X			X	total session time doc'd as 90833, leaves 0 mins for E/M
NM	7/13/2020													No goal/response noted
TM	12/20/2018									X				no documentation for add-on tx
GN	2/27/2018									X	X			E/M not met (no CC)/no documentation for add-on tx
RO	4/25/2019									X				no response doc'd/one minute total for E/M improbable
CP	6/15/2020									X				discusses "option of brief talk tx if needed"
DR	5/14/2019									X				no documentation for add-on tx
MS	11/6/2019													
WS	6/15/2020												X	
AS	5/21/2018	X												15 minutes for tx services/inad. doc. to support svcs. billed

1	Inadequate Time
2	No Therapy Time Listed
3	Per E/M, pt not able to participate / benefit from tx
4	Per E/M, pt refuses psychotherapy
5	No therapeutic modality listed
6	No goal/response listed
7	No documentation for 90833 present
8	No E/M service to support add-on code
9	Therapeutic modality not consistent with documented service
10	Pt receiving therapy elsewhere
11	Documentation educational vs psychotherapy
12	Entire duration of visit = 90833 (no time for E/M listed)
13	Other/Misc (note)

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CITIZENSHIP

United States of America

CERTIFICATION AND LICENSURE

- Board Certified, General & Forensic Psychiatry, The National Board of Physicians & Surgeons (2017 – 2025)
- American Board of Psychiatry & Neurology - Forensic Psychiatry (Certified 1998-2018)
- American Board of Psychiatry & Neurology - General Psychiatry (Certified 1997-2017)
- Distinguished Life Fellow of the American Psychiatric Association (2022)
- Distinguished Fellow of the American Psychiatric Association (2009)
- North Carolina Medical License #97-00519
- Kentucky Medical License #53584
- National Board of Medical Examiners – Part I (1990), Part II (1991), Part III (1993)

EDUCATION

- **FELLOWSHIP** (July 1996 – June 1997)
Forensic Psychiatry
United States Department of Justice
Federal Bureau of Prisons
Federal Correctional Institution
Butner, North Carolina
- **RESIDENCY** (July 1992 – June 1996)
Psychiatry
Medical College of Georgia
Augusta, Georgia
- **MEDICAL SCHOOL** (July 1988 – June 1992)
University of Alabama at Birmingham
Birmingham, Alabama
Degree: M.D.
- **COLLEGE** (August 1984 – May 1988)
Birmingham – Southern College
Birmingham, Alabama
Degree: Bachelor of Science (Biology & Psychology)

MEMBERSHIP

- American Psychiatric Association
- American Academy of Psychiatry and Law
- North Carolina Psychiatric Association
- North Carolina Psychiatric Association Psychiatry and Law Committee

CLINICAL EXPERIENCE

- Private Psychiatric Practice (August 1997 – Present)
North Raleigh Psychiatry, P.A., 5530 Munford Rd., Ste. 119, Raleigh, North Carolina

CLINICAL EXPERIENCE – cont.

- Medical Staff President (January 2002 – December 2006)
Holly Hill Hospital
Raleigh, North Carolina
- Service Director of the Chemical Dependency Program (January 1999 – December 2006)
Holly Hill Hospital
Raleigh, North Carolina
- Fee Basis Physician Scheduling Coordinator (June 1994 – June 1996)
Georgia Regional Hospital at Augusta
Augusta, Georgia
- Compensation and Pension Examiner (Psychiatry) (August 1995 – June 1996)
Department of Veteran Affairs
Augusta, Georgia

AWARDS AND HONORS

- Board of Directors – Alliance Health (March 2012 – April, 2020; November 2022 - Present)
 - Chairman, Quality Management Committee (July 2014 – July 2017)
 - Vice Chairman, Board of Directors (July 2017 – June 2019)
 - Chairman, Board of Directors (June 2019 – April, 2020)
- Board of Directors – New Leaf Behavioral Healthcare (June 2020 – September 2021)
 - Chairman, Fundraising/Community Outreach Committee (July 2020 – September 2021)
- NCPA Psychiatry and Law Committee (1997 – Present)
- Chairman – NCPA Legislative Committee (February 2017 – June 2019)
- Board of Directors – Wake County Human & Environmental Services (July 2010 – March 2012)
- Board of Directors – Postpartum Education & Support, Inc. (June 2007 – June 2009)
- Chief Psychiatric Resident – Medical College of Georgia (June 1995 – 1996)
- Psychiatric Representative – Medical College of Georgia Residency Council (1995 – 1996)
- Medical College of Georgia Residency Selection Committee (1996 – 1996)
- Medical College of Georgia Residency Education Committee (1992 – 1996)
- Resident Representative to the Georgia Psychiatric Physicians' Association (1995 – 1996)
- Journal of Clinical Psychiatry Resident Advisory Board (1994 – 1996)
- E. J. MacCranie Award for Clinical Excellence (1996)
- Hervey Cleckley Award for Best Resident Paper (1996)
- Hervey Cleckley Award for Best Resident Paper (1995)
- Social Psychiatry Award (1995 – 1996)
- Alabama Board of Medical Scholarships – Merit Scholarship (1988 – 1992)
- Summa Cum Laude – Birmingham Southern College (1988)
- Phi Beta Kappa

RESEARCH

- "Combined Bupropion & Carbamazepine in the Treatment of Agitation & Delirium Associated with Closed Head Injury"
- "Endogenous Opioids in Psychiatry: Implications for the Treatment of Chronically Self-Injurious Patients"
- "Offenders with Mental Disease or Defect: Historical Perspectives & Emerging Issues" (Co-authored with students participating in the Forensic Psychiatry Seminar Series – Duke University Law School – Spring 1997)

CASE NAME		Case Number	County	P/D	S?	ATTORNEY/BILLED TO	DEPO	TRIAL TESTIMONY
Alshabani	Sawan	19 CRS 240275	Mecklenburg	D		IDS/Dan Roberts	No	05/27/2021
Arroyo	Alexis	AW1.22.0088				OFFD/Rosemary Godwin	No	01/05/2023
Askew	Chauncey	16 CRS 52539	Columbus	D		IDS/Rick Miller/Emily Byrum/Kevin Peters	No	1/31/2023
Billups	Xavier V.	20 CR 051635	Franklin	D	N	IDS/C. Boyd Sturges III	No	8/29/2023
Blackwell	Ricky Lee	2018-CP042-00928	Spartanburg, SC	P		Pamela Leonard	2/9/2023	3/29/2023
Bowers	Robert	CR 18-292	Pittsburgh, PA	D		FPD/Judy Clarke	No	7/26/2023
Britt v. Hickman	Timothy			P		Allyn Sharp	12/21/2021	No
Buckman	Wisezah Datown	17 crs 51489,972,1072,1073	Pasquotank	D		IDS/Steve Freedman/Christine Malumphy	No	10/24/2023
Bumpass v Birkhead						Allyn Sharp	3/15/2023	No
Burgess	Joshua Lee		Union County	P		Mary Beth Usher	No	05/31/2022
Busby v Three Rivers Behav Hlth			Columbia, SC	D		Jean Marie Jennings	06/08/2022	No
Collins	Christopher	19 CR 66776, 66918	Guilford	D	N	IDS/Jerry D. Jordan	No	10/28/2022
Cowan, est	William		Durham			Carlos Mahoney	No	12/6/2023
Crum	Travis	21CR14277	State of Oregon			Jordan Duhe Willetts	No	01/29/2025
Deaver	Allen	17 CRS 780	Wayne	D		IDS/David Braswell	No	12/07/2022
Erne (v. HarmonyHlth,Summerlin)	Logan		NV	P	N	Brian Davis	07/23/2021	No
Ervin	Shajuan Dwatray	19 CRS 51759	Durham	D		IDS/Hannah Autry	No	11/21/2022
Evansceaser	Isaiah	18 CRS 51504	Halifax	D		IDS/Tonza Ruffin	No	9/28/2022
Flannagan v Little Hills / Centerpointe						Lawrence Logback	10/17/2023	No
Ford	Jarred	AW1.22.0214		D	N	OFFD/Rosemary Godwin	No	08/09/2022
Fuller	LaTonya					James Johnson	11/21/2023	No
Hammond	Andrea Nicole	16 CRS 51278	Anson	D		IDS/Kenneth Swain	No	12/02/2021
Harvin	Cashaun	15 CRS 51193	New Hanover	D	N	IDSFS/Jordan Willetts	No	05/10/2023
Hill	John Oliver	12 CR 50484	Hoke	D		IDS/Lisa Miles	No	1/3/2023
Hollingsworth (v. Delta Medical)	Julia			P	N	Lauran Stimac / Charles Higgins	4/5/2023	No
Irons	Angela Simone	18 CRS 50258	Robeson	D	N	IDS/Bill Dowdy	No	4/4/2024
Johnson	James	21CRS052676	Johnston	D	N	IDSFS/Charlene Nelson	No	4/12/2024
Kabusk	Paul Forest	21 CR 53317	Cabarrus	D		IDS/Laura Baker	No	01/07/2025
Lee	Pheng	19 crs 52866, 943	Burke	D		Sarah Ziomek	No	05/24/2021
Mackie	Steven Mark	18 CR 54890	Wayne	D		IDS/William Gerrans	No	4/10/2023
Martens	Thomas			D		Jay Vannoy	No	11/7/2023
McCollum (NCBar v Megaro)	Henry		NC		N	Patrick Murphy	No	03/16/2021
McGilberry	Steven Antion	17 CRS 50032	Perquimons	D		IDS/Samuel Dixon	No	12/06/2021
McKinney	Shane Donovan	18 CR 51139	Cherokee	D		IDS/Bill Jones	No	02/23/2021
Newberry v Tucker, Building Earth			NC	D	N	John Barringer	01/28/2021	No
Odett	Dylan Joseph	21 CRS 050756	Johnston	D		IDS/Charlene Nelson	No	12/06/2024
Oliver	Jonathan Martin	19 CRS 52367	Robeson	D		IDS/William Dowdy	No	10/5/2023
Parker	Tangela Louise	21 CRS 050144	Catawba	D		IDS/M. Victoria Jayne	No	9/28/2023
Pernell	Keone Laory	21 CRS 53625	Gaston	D	N	IDS/Michael Neece	No	11/07/2022
Roderick (v. USPS)	Kristi		S.C.	P	N	Barrett Brewer	3/15/2022	No
Self	Roger	18 CRS 56002-03	Gaston	D		IDS/Richard Beam Jr	No	04/14/2021
Sterling Med Assoc (Charles Schroeder, est v)			SC	D	Y	Eimile Whelan / Chip Holmes	08/01/2023	No
Todd	Corey Alexander	18 CRS 50344	Pender	D		IDS/Paul Mediratta	No	02/03/2021
Tucker	Cornelius	15 CRS 53255	Forsyth	D		IDS/David Botchin	No	08/17/2021
Walker	William Shaun	97 CRS 4409-11	Stokes	D		IDSFS/Lauren Miller	No	10/12/2023
Ward	Derek	10 CRS 224332, 4	Mecklenburg	D		IDS/Mike Kabikoff	No	06/05/2023
Webster	Christian David	24 CR 275295	Franklin	D		IDS/Boyd Sturges	No	07/08/2024
Woody, Julius v Vickrey, Randy		17 CVS 921	Chatham	D	N	Cory Reiss	09/28/2021	No
Young	Anthony	15 CRS 52465	Onslow	D		IDS/Scott Jack/Dick McNeil	No	10/26/2022

George P. Corvin, MD, DLFAPA

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Raleigh, NC 27612

(919) 782-9554

Statement of General Conditions

I appreciate the possibility of working with you regarding the psychiatric and medical aspects of this matter. I am including the general conditions required for me to be able to accept this case.

Forensic psychiatric evaluation involves considerable preparation. I not only review all the material specifically gathered regarding a case, but, as appropriate, study relevant literature.

Information needed for an evaluation includes relevant medical reports, depositions, investigation reports, photographs, etc. Full disclosure of information is in your best interest. Additionally, a memorandum or letter outlining the legal issues involved is important.

My hourly fee is \$400.00 per hour. This fee includes the following: time for review of documents and relevant medical literature, attorney interviews, deposition appearances, courtroom testimony, and travel time. Out of pocket expenses including mileage, parking, long distance telephone calls, overnight travel, transcription, messengers, extraordinary postage, and copying are billed in addition to the hourly fee. I will have to bill for appointment or court dates (for the time reserved) not cancelled by you 36 hours in advance. Time set aside for testimony is billed at a ½ day (5 hours) or daily rate (10 hours).

The signature below is to acknowledge receipt of the above Statement of General Conditions and agreement to the fee amounts.

Signature

Date

Case name:

Please provide the billing information for this case:

